

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 148
Registered No. _____

1. PLACE OF BIRTH

County Gila State Ariz.
Township _____ or Village Rice
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child. ZACH Victor

If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth 5-5-30, 19____
(Month, day, year)

9. Full name FATHER
Leis Victor

18. Full maiden name MOTHER
Flossie Dillon

10. Residence (usual place of abode) Rice
(If nonresident, give place and State) Ariz.

19. Residence (usual place of abode) Rice
(If nonresident, give place and State) Ariz

11. Color or race 4/4 12. Age at last birthday 40 (Years)
Apache Indian

20. Color or race 4/4 21. Age at last birthday 35 (Years)
Apache Indian

13. Birthplace (city or place) San Carlos
(State or country) Ariz.

22. Birthplace (city or place) San Carlos
(State or country) Ariz.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House-

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. wife

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
, 19____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
, 19____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ { months _____ 29. Cause of stillbirth _____
or weeks _____ { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was report Alive 10:00P m. on the date above stated
(Born alive or stillborn)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }

(Signed) G. Pughlin, M.D.
or _____ Midwife

Given name added from a supplemental report _____
954-505-645 (Date of) _____
Registrar.

Address _____
Filed 31, 1930 G. Pughlin
Registrar.